

*Committee For Thorough Agricultural Political Education*

*of*  
*Associated Milk Producers, Inc.*

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Nov 21 11 28 AM '97

November 18, 1997

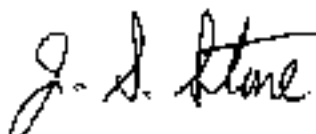
Reports Analysis Division  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

RE: ID C00001594

Gentlemen:

Enclosed is the Notification of Multicandidate Status form for Associated Milk Producers, Inc.-North Central Political Action Committee.

Sincerely,



J. S. Stone  
Treasurer

JSS:pac  
Certified Letter  
Enclosure

# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Nov 21 11 28 AM '97

1. (a) NAME OF COMMITTEE IN FULL	
ASSOCIATED MILK PRODUCERS, INC.-NORTH CENTRAL POLITICAL ACTION COMMITTEE	
(b) Number and Street Address	
P.O. BOX 455	
(c) City, State and ZIP Code	
NEW ULM, MN 56073	

2. FEC IDENTIFICATION NUMBER
3. TYPE OF COMMITTEE (check one)
<input type="checkbox"/> STATE PARTY
<input checked="" type="checkbox"/> OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on 10-23-97 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: COMMITTEE FOR THOROUGH AGRICULTURAL POLITICAL EDUCATION OF ASSOCIATED MILK PRODUCERS, INC.

FEC Identification Number: C00001594

5. **STATUS BY QUALIFICATION:**

- (a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: \_\_\_\_\_

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: \_\_\_\_\_

- (d) **Qualification:** The committee met the above requirements on: \_\_\_\_\_

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
J. S. STONE		11-18-97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

				For further information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-219-3420
--	--	--	--	---

**FEC FORM 1M**

(9/93)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11-18-97
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sts</i> PREPARER	11-24-97 DATE PREPARED